AIRBORNE SCIENCE FLIGHT REQUEST
National Aeronautics and Space Administration

LOG NUMBER

Investigation Title:

Rationale for use of NASA Facilities:

☐ NASA RTOP   If checked, RTOP Number/Grant or Contract #

☐ Proposal submitted to NASA   If checked, Proposal # _____   ☐ Non-NASA

Principal Investigator:	**Funding Agency Sponsor:**
Name:	(For NASA Programs List NASA HQ Sponsor)
	Name:
Organization:	
	Organization:
Address:	Agency/Code:
	Address:
City, State & Zip:	City, State & Zip:
Phone:	Phone:
FAX:	FAX:
E-Mail address:	E-Mail address:

Aircraft Required: ☐ ER-2   ☐ DC-8   ☐ P-3B

☐ DOE B-200   ☐ UND CITATION   ☐ WB-57

☐ Other (please specify)

General Flight Window (Month):	**General Site Location (State or Country):**
A)	A)
B)	B)
C)	C)
D)	D)
E)	E)

This Form must be completed and returned to NASA/DFRC by:

June 9, 2000

Mail completed forms to:

Dryden Flight Research Center
National Aeronautics and Space Administration
Attn.: Airborne Science Directorate, Flight Requests
MS D1623H P.O. Box 273
Edwards, CA   93523-0273

Phone (661) 258-7540   FAX   (661) 258-3719
E-Mail: randy.albertson@mail.dfrc.nasa.gov

(Do not mark in this space/For office use only)

Background and Primary Science Objectives

(Attach RTOP, grant, or contract proposal abstract) Please list your primary science objectives.

Aircraft sensor and data requirements:

PLEASE NOTE: Investigator(s) responsible for cost associated with instrument and Starlink operation.
For more information see Airborne Sensor Facility webpage at *http://asapdata.arc.nasa.gov*

SENSORS: ☐ SAR   ☐ AVIRIS   ☐ Low-altitude AVIRIS   ☐ P.I. Instrument

CAMERA: ☐ RC10, 12" Color IR   ☐ Other

OTHER: ☐ STARLINK

Data Requirements:

SPECIAL DATA REQUIREMENTS:

GROUND RESOLUTION:

OTHER:

Advance Notification of Flight Attempt (Please Check One)

☐ Does Not Require Notification Prior to Flight

☐ Requires Notification Prior to Flight (see below)

Name of Person to Contact:

Phone Number & Email Address:

Alternate Person to Contact:

Phone Number & Email Address:

Notify above individual on: ☐ day of flight   ☐ days in advance of flight (___ of days)
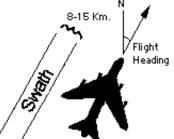
Supplemental Information or Comments:

TEST SITE REQUIREMENTS
(Photocopy this sheet and complete a separate page for each site)
NOTE: For AIRSAR, please fill out JPL flight line request form, page 4.

Test Site Location/Descriptions:

Test Site Mean Altitude (Above sea level):

(Attach map(s) showing region of interest or desired flight lines)

OVERFLIGHT TIME PERIOD(S) REQUIRED (Show date or dates if temporal coverage required)

Date: Tolerance:

Date: Tolerance:

Date: Tolerance:

SPECIAL OBSERVATION REQUIREMENTS AND CONSTRAINTS

Weather Conditions: Satellite Overpass:

Cloud Cover % (Maximum):   Flight Line Orientation:

Sun Angle Limits: Sea State:

Ground Condition: Tidal Cycle:

Other:

FLIGHT LINE REQUIREMENTS (Check one)

(Low-altitude AVIRIS: Use Actual Flight Coordinates Only with Line Length ≤ 11NM)

☐ Actual Flight Coordinates   ☐ Coordinate Box (List 4 Corners)   ☐ Center Point (See Below)

Flight Line Number	Flight Altitude (MSL in 1000 ft.)	Line Length (Nautical Miles)	Overflight Time of Day (local)	Flight Lines (Latitude & Longitude) *(degrees, minutes & tenths)*	
				Start	End

CENTER POINT COORDINATES

Lat.:   Long.:   Coverage Length/Heading:

Scene Overlap   Front: Side:

AIRSAR Flight Line Requirements

Site Name / Location _____

Brief Description _____

_____ Site mean elevation: _____

Objectives _____

_____

Coordination requirements   ☐ No requirements   ☐ Coordination during overflight

during overflights   ☐ Prior notification   Contact Person _____

          of flight day   Phone _____

Are ground control points available for post processing of the data?   ☐ yes   ☐ no.

| Flight line # | Swath Corners | | | | Center | | Mode | | | | |
	Lat Lon	Lat Lon	Lat Lon	Lat Lon	Lat Lon	Flight heading	Band width	Incidence angle(s)	Time of day	Other requirements

AIRSAR images a 8-15 km swath (mode dependent) to the left of the aircraft.

Please enter above *either:*
(1) The four swath corner lat, lons for the site.

or

(2) The center lat lon for site, aircraft heading, and note the length of the flight line.

(3) Specify Mode, Bandwith, Incidence angle, and Time of day (if applicable).

-Please see section on Definitions of AIRSAR Modes-